

IN PATIENT SUMMARY BILL

UHID : MHI202486313

IP No : IP2024002276

Patient name : Mr.CHENGALVARAYAN M

Age : 66 Y 2 M 29 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402219

Bill Date : 15/10/2024

DOA : 13/10/2024 4:12PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 15,000.00 |
| 3 | DIET CHARGES | ₹ 1,500.00 |
| 4 | EQUIPMENT | ₹ 9,050.00 |
| 5 | INTENSIVIST CHARGES | ₹ 6,000.00 |
| 6 | LABORATORY | ₹ 28,326.00 |
| 7 | NURSING CHARGE | ₹ 4,000.00 |
| 8 | PROCEDURE CHARGES | ₹ 2,000.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 17,000.00 |
| 10 | RADIOLOGY | ₹ 8,250.00 |
| Gross Amount | | ₹ 91,476.00 |
| Discount Amount | | ₹ 5,000.00 |
| Net Payable | | ₹ 86,476.00 |
| Advance Amount | | ₹ 20,000.00 |
| Received Amount | | ₹ 66,476.00 |

Received Amount in Words : Eighty-Six Thousand Four Hundred Seventy-Six Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 10/15/2024 | MMH/MH/REDH202422644 | CHEQUE | Collected Amount | 1,673.00 |
| 2 | 10/13/2024 | MMH/MH/RECH202404021 | CARD | Advance Amount | 20,000.00 |
| 3 | 10/15/2024 | MMH/MH/REDH202422645 | CARD | Collected Amount | 64,803.00 |